

Workshop Evaluation

Please take a few minutes to complete this evaluation of the workshop so that we can make improvements. Please check off the box that matches your response.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I understand the objectives of the emergency preparedness workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I understand how to prepare for an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am aware of the website www.NH.gov/readyNH .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have started creating a plan to stay in my home for up to 3 days during an emergency if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have started creating a plan to leave my home safely during an emergency if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have started a family communication plan to connect with my family during an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I would recommend this workshop to a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you intend to take any action as a result of today's training? ☐ Yes ☐ No
 8a. If yes, please describe two things you intend to do as a result of what you learned today.

1. _____
 2. _____

Please complete the following statements.

9. What I liked most about this workshop... _____

10. I wish there was more... _____

11. In order to feel better prepared, I need... _____

Please return this evaluation to the Community Health Institute, Lori Walter,
 501 South Street, 2nd Floor Bow, NH 03301, 603-573-3306.